

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification 81-4840274			Report Filed By Candidate (Mark X)					Committee	Committee Lobbyist Lobbyist				
Name of Filing Committee, Candidate or Lobbyist			Joseph Schember										
Street Address 504 Frontier Drive													
City			State PA		-	Zip Code	16505						
Type of Report (Place x under report type)													
1- 6 th Tuesday 2- 2 nd Friday 3- 30 Day Post Pre-Primary Primary Primary			4-6 th Tu Pre-Ele		5-2 nd Friday Pre- Election	6-30 Day Post Election		7- Annual		Special 2 nd Friday Pre-Election		Special 30 Day Post-Election	
							1021907.j.g	X	2.91.9.78995	nggiae - Hodel	811.611.868		
Date Of Election (MM/DD/YYYY)		11/07/2017	Year		2017	Amendr Report	nent		Terminat Report	ion			
Summary of Receipts and From Date Expenditures 01/01/2017				To Date 12/31/2017			For Office Use Only.						
A, Amount Broug	nt Forward F	_			0			<u>idi il Glini</u>					
B. Total Monetary (From Schedule I)									2				
C. Total Funds Av (Sum of Lines A a	\$ 0			200 JAN 25									
D. Total Expendit (From Schedule II	\$ 85,000			73 13									
E. Ending Cash Ba (Subtract Line D f	-85,000												
F. Value of In-Kin (From Schedule II	\$ 0			P. 72.									
G. Unpaid Debts a (From Schedule I)	Mark Street II . guestings a within	ons											
Affidavit Section Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.													
I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.													
Sworn to and subscribed before me this 25 day of January 20 8 Signature of Person Submitting report Signature Signature Printed Name													
) DMMMGrvvveiseicaleste	<u> </u>			392-0996									
NOTARIAL SEAL YR. Area Code Daytime Telephone Number													
PartOlty ந்து நடிக்கு (இது Apholicate's Authorized Committee, candidate shall sign here. Commission இது நடிக்கு இரு இரு அளில்லியில் இரு													
ERAPREMISSION OF NOTARIES													
Sworn to and subscribed before me this													
day of	- 			Signature of Candidate									
s	1			Printed Name									
My Commission exp				Area Code Daytime Telephone Number									
												··································	